UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1994/L.14
20 April 1994

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1994
25-29 April 1994

FOR ACTION

UNICEF SUPPORT TO THE PROPOSED UNITED NATIONS JOINT AND CO-SPONSORED PROGRAMME ON HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNODEFICIENCY SYNDROME (HIV/AIDS)

SUMMARY

In many parts of the world, the HIV/AIDS pandemic is a leading cause of child mortality and morbidity, a leading cause of death among young people, as well as a major threat to social and economic development. As the response of United Nations organizations to the pandemic has increased, so have efforts to enhance technical, strategic and policy coordination on HIV/AIDS prevention and care both within the United Nations system and between the United Nations system and other collaborators of national Governments, particularly bilateral agencies. UNICEF has been a supporter of enhanced collaboration and coordination and an active participant in recent efforts in response to World Health Assembly resolution WHA46.37 of 14 May 1993 and resolution 1993/51 adopted by the Economic and Social Council on 29 July 1993 encouraging the establishment of a joint and co-sponsored United Nations programme on HIV/AIDS. The present document should be read in conjunction with document E/ICEF/1994/L.15 on the same subject.

The Executive Director recommends that the Executive Board approve the recommendation contained in paragraph 21.

CONTENTS

		Paragraphs	Page
I.	BACKGROUND AND INTRODUCTION	1 - 7	3
II.	UNICEF APPROACH TO HIV/AIDS PREVENTION AND CARE	8 - 12	4
III.	PROPOSED JOINT AND CO-SPONSORED PROGRAMME	13 - 17	6
IV.	OPERATIONALIZATION AND IMPLEMENTATION OF THE JOINT AND CO-SPONSORED PROGRAMME	18 - 20	7
V.	RECOMMENDATION	21	8

I. BACKGROUND AND INTRODUCTION

1. The world-wide epidemic of the human immunodeficiency virus (HIV), the causative agent for acquired immunodeficiency syndrome (AIDS), has continued to worsen in the 10 years since it was first detected in the early 1980s. In response to the pandemic, the activities of a number of United Nations organizations have expanded rapidly in the area of HIV/AIDS prevention and care. For over two years, various efforts have been under way to enhance collaboration and coordination in HIV/AIDS programmes both within the United Nations and between the United Nations system and the activities of other international and bilateral programmes. These efforts have intensified in recent months following the adoption by the World Health Assembly at its forty-sixth session in May 1993 of resolution WHA46.37, which requested a study of a possible joint and co-sponsored United Nations programme on HIV/AIDS. This paper is submitted in response to decision 1994/R.1/8 (see E/ICEF/1994/13), adopted by the UNICEF Executive Board at its first regular session, held from 23 to 25 February 1994, that UNICEF should treat these negotiations with urgency and provide to the next regular session of the Executive Board further information on how UNICEF might integrate its activities in HIV/AIDS with such a programme.

2. In many parts of the world, the HIV/AIDS pandemic is a leading cause of child mortality and morbidity, a leading cause of death among young people, as well as a major threat to social and economic development. The World Health Organization (WHO) estimates that as many as 15 million people may now have become infected with HIV worldwide and that over 3 million have developed AIDS. It is estimated further that by the end of the century, as many as 40 million children, young people and adults may be HIV-infected worldwide.

3. Currently, over 80 per cent of new HIV infections occur in the developing world. In contrast, approximately 95 per cent of expenditures for HIV/AIDS research, prevention and care are made in the industrial world. Approximately $150 million in official development assistance is directed towards HIV/AIDS activities in the developing world. The major share of these resources are programmed on a multilateral basis, largely through the WHO Global Programme on AIDS (GPA).

4. GPA has provided technical and other leadership within the United Nations system in response to the HIV/AIDS epidemic and has worked closely with other organizations in the United Nations system to encourage and assist their efforts to incorporate HIV/AIDS prevention and care activities into their programmes of assistance. While great progress has been made in the first decade of this epidemic, there remains a continuing need for innovation and diversity in operationalizing the global strategy through multisectoral programming and social mobilization.

5. As the response of United Nations organizations to the pandemic increased, so did some concerns that coordinating efforts within the United Nations should be enhanced and that the global technical capacities of WHO/GPA should be augmented with the operational capacities of other United Nations organizations at the country level. An external review of WHO/GPA recommended in November 1991 that an ad hoc working group be established that would address the

issue of improved coordination on HIV/AIDS efforts within the United Nations system. In June 1992, the Ad Hoc Working Group submitted its report to the GPA Management Committee. Among the subsequent actions taken was the consolidation of various coordinating vehicles and a strengthening of the Inter-Agency Advisory Group on AIDS as the principal forum for coordination on HIV/AIDS within the United Nations system.

6. Additionally, a task force was established with members drawn from United Nations organizations, donor Governments, developing countries and international non-governmental organizations (NGOs) active in HIV/AIDS prevention and care. A six-country study of inter-agency coordination undertaken by GPA on a multi-agency basis concluded that, at the national level, good coordination generally existed among the United Nations organizations, although not always between multilateral and bilateral support efforts. The task force has continued to address issues of coordination among the United Nations organizations as well as coordination between United Nations organizations and bilateral agencies, NGOs and others engaged in similar efforts. The task force has also taken lead responsibility in helping to establish a common reporting process so that organizations might better inform one another of their actions and plans in order to enhance coordination and avoid duplication of effort.

7. In May 1993, the World Health Assembly adopted resolution WHA46.37 requesting the Director-General of WHO to undertake a study on the feasibility and practicability of establishing a joint and co-sponsored United Nations programme on HIV/AIDS, working in close consultation with the executive heads of the United Nations Development Programme (UNDP), UNICEF, the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank. UNICEF representatives joined with those of the other five organizations to establish a process of ongoing dialogue and frequent consultations that are continuing.

II. UNICEF APPROACH TO HIV/AIDS PREVENTION AND CARE

8. Working within the framework of the WHO/GPA Global AIDS Strategy, UNICEF has been active in the support of HIV/AIDS prevention and care activities from the mid-1980s. Country support activities were initiated in 1986, and a small interregional fund was established in 1988 to accelerate programme design and initiate activities in those countries where the impact of the epidemic was likely to be greatest. At the request of the Executive Board, the 1993 paper entitled "Progress report on UNICEF programme activities in the prevention of the human immunodeficiency virus and in reducing the impact of acquired immunodeficiency syndrome on families and communities" (E/ICEF/1993/L.10) reported on the development of UNICEF activities in this area. It also described the expanded efforts under way to accelerate substantially the development of operational strategies to HIV/AIDS prevention and care that could be well integrated within existing UNICEF programmes of support. This approach is further described in the UNICEF publication AIDS: The Second Decade - A Focus on Youth and Women.

9. UNICEF has recognized the broader societal determinants of the spread of HIV, particularly the status of women and young people, and, therefore, has

sought to incorporate a multisectoral approach in programme planning. Principal emphasis has been on sustainable partnership development in the areas of youth health and development promotion with youth and community organizations; school-based interventions with student, parent and teacher groups; sexual and reproductive health promotion with the health and education systems and youth and women's organizations; mass communication and mobilization with the commercial media and entertainment industry; and family and community care with religious institutions and local organizations.

10. In an effort to develop and accelerate programming approaches in those areas, which demonstrate "proof-of-principle" at scale, the major emphasis of UNICEF has been in approximately 30 strategic programming countries, identified from each of the geographic regions and distributed in each of the programming areas described above. Support to the efforts of these lead programming countries is provided through five technical support groups, established in each of the subject areas. The technical support groups are comprised of UNICEF programme officers from each of the lead country offices and collaborating technical organization representatives, including, inter alia, those from Family Care International, Family Health International, the International Children's Centre (Paris), the International Planned Parenthood Federation, Karolinska Institutet, Ogilvy Adams and Rinehart, the Pan American Health Organization/WHO, the Rockefeller Foundation, the Salvation Army, UNDP, UNESCO, UNFPA, the United States Centers for Disease Control and Prevention, WHO/Adolescent Health Programme, WHO/GPA, WHO/Health Education Division, WHO/Mental Health Division and the World Young Women's Christian Association. The technical support groups meet twice a year to develop and review progress on a detailed inter-agency action plan in support of country efforts. Members communicate on a frequent basis to identify and respond to programming and technical support requirements outlined in the action plan. This has included material development and distribution, individual and multi-agency country support visits and national workshops, and project proposal development and review. Accumulated UNICEF programming experience from the strategic programming countries is shared with other UNICEF country programmes of cooperation, primarily through existing mechanisms for ongoing technical support and exchange of experience which function within geographic regions with the facilitation and guidance of UNICEF regional offices and their directors.

11. At the global level, UNICEF staff in the Division of Personnel/Training, the Programme Communications Section, the Education Section, the Division of Public Affairs, the Division of Information and the Health Promotion Unit, including Women's Health and Youth Health, communicate regularly with technical partners in collaborating organizations so that they might incorporate HIV/AIDS prevention elements within their more general programme area. The efforts are facilitated by the work of the senior programme adviser and the senior technical officer for HIV/AIDS. These officers work in close communication with technical officers at WHO/GPA and serve as the focal points for collaboration and coordination efforts in HIV/AIDS prevention and care with WHO, UNDP, UNFPA, UNESCO, the World Bank and other multilateral, bilateral and NGO partners.

12. At the country level, UNICEF programmes of cooperation generally operate with the very close collaboration of other organizations, international and national, working in related areas. This has been the case particularly in the

area of youth health promotion, including HIV/AIDS prevention and care, where country-level resources have been very limited, especially when compared with needs. Within the family of United Nations organizations, this collaboration functions within the framework of General Assembly resolution 47/199 of 22 December 1992. UNICEF enjoys operational relationships with government ministries in the health, education, social welfare, youth and women's affairs, local government and communications sectors, among others. These operational relationships facilitate the multisectoral programming approaches increasingly accepted as most appropriate in responding to the HIV/AIDS epidemic.

III. PROPOSED JOINT AND CO-SPONSORED PROGRAMME

13. In response to World Health Assembly resolution WHA46.37 noted above, WHO/GPA prepared, with inputs from the other parties, its report on the ongoing discussions among the six United Nations organizations listed in the resolution. That report (document EB93/27 of 23 December 1993) and the subsequent resolution of the WHO Executive Board (EB93.R5 of 21 January 1994) are contained in annexes I and II of document E/ICEF/1994/L.15, which should be read in conjunction with the present report.

14. The principal role at the country level of the proposed joint and co-sponsored programme is to support the efforts of existing United Nations organizations to strengthen and better coordinate their activities with one another and with other international and bilateral organizations in response to the particular needs of a specific country. From the ongoing inter-agency dialogue, there has emerged a strong consensus that this coordination will be within the framework of United Nations General Assembly resolution 47/199. In each country, a theme group on HIV/AIDS will be established under the direction of the United Nations resident coordinator or that of an agency representative designated by the United Nations resident coordinator. In many countries, one inter-agency staff member, working under the direction of the designated theme group leader, will assist in facilitating the smooth functioning of the coordination process and will facilitate information flow and reporting with the proposed joint and co-sponsored programme, based in Geneva.

15. At the global level, a centralized secretariat model for the joint programme has been proposed. Within this option, co-sponsoring organizations will continue to retain a core programming staff within their headquarters, which will liaise with, and draw technical assistance from, a centralized secretariat administered by WHO. Headquarters staff of each organization will convey and integrate the technical guidance from the joint programme secretariat to all levels within their organization to help ensure that HIV/AIDS-related policies and programme approaches are incorporated into the broader programming areas of health, education, employment, communication and other sectors with which their organization is engaged. Consensus-building on policy, strategic and technical issues will be facilitated through the management structure of the joint programme secretariat and the action of the programme coordinating board, which will consist of representatives from the co-sponsoring organizations, donor countries, developing countries and other collaborators, including NGOs. The director of the joint programme will be selected upon agreement of the co-sponsors and appointed by the Secretary-General.

16. Fund-raising at the global level will be carried out through a coordinated appeal that will describe the global-level activities of the joint programme centralized secretariat as well as those headquarters and global-level HIV/AIDS-related activities of the co-sponsoring organizations and of the programming staff located at the headquarters of the respective organizations. Within the framework of the coordinated appeal, organizations will be responsible for raising their own resources and, in addition, will assist each other and the joint programme director to identify and raise resources required for the operation of the joint programme secretariat and for the global and country programme support requirements of each of the co-sponsoring organizations.

17. It is envisioned that financial support to countries will be managed through existing mechanisms of the organizations established for that purpose. Although there will not be specifically designated joint programme funds at the country level, the coordinated planning process among United Nations system organizations and their activities in HIV/AIDS can be considered to comprise the joint and co-sponsored United Nations programme on HIV/AIDS at this level.

IV. OPERATIONALIZATION AND IMPLEMENTATION OF THE JOINT AND CO-SPONSORED PROGRAMME

18. UNICEF continues to participate actively with the other potential United Nations co-sponsoring organizations in regular and frequent meetings with the objective of implementing the joint programme. Currently, efforts are focused on developing consensus on a small set of operating principles at global and country levels. Several refinements required to strengthen inter-agency consensus at the operational level are now being developed through the consultation process.

19. Although a timetable for implementation of the joint programme has not yet been adopted and should appropriately await the outcome of current discussions to articulate consensus operating principles, it is anticipated that the joint programme might be substantially operational within two years and that significant incremental steps towards implementation should be executed over the next several months. These might include a joint letter from organization executive heads to their representatives in the field establishing and initiating the functions of the programme coordinating board; completing the planning process on the rationalization and placement of technical staff within WHO/GPA, the co-sponsoring organizations and the joint programme; and initiating the recruitment and selection process for the new director of the joint programme.

20. The UNICEF secretariat will continue to work closely with the secretariats of the other potential co-sponsoring organizations to resolve pending issues to enable early implementation of a consensus plan. Further guidance from the UNICEF Executive Board on these issues would be welcome.

V. RECOMMENDATION

21. The Executive Director recommends that the Executive Board approve the following recommendation:

The Executive Board

1. Encourages the UNICEF secretariat to continue to participate in the ongoing negotiations among the secretariats of UNICEF, UNDP, UNESCO, UNFPA, WHO and the World Bank to establish with urgency a joint and co-sponsored United Nations programme on HIV/AIDS;

2. Reaffirms that the principal objective of the proposed joint and co-sponsored programme should be to strengthen the capacities of existing United Nations organizations to respond to the HIV/AIDS pandemic through their intensified efforts with improved collaboration and coordination both within the United Nations system and with other international and bilateral organizations;

3. Recommends that the programme coordinating board should be comprised of representatives of the governing bodies of each of the co-sponsoring United Nations organizations and should report annually to the respective governing bodies of the co-sponsoring organizations on progress against stated objectives within a monitoring framework to be established by the programme coordinating board;

4. Reaffirms that country coordination should be undertaken within the framework of General Assembly resolution 47/199 of 22 December 1992 through the establishment of a theme group on HIV/AIDS under the guidance of the United Nations resident coordinator or his or her designee;

5. Decides to transmit the present decision to the Economic and Social Council and the World Health Organization secretariats for their appropriate action.